

PERSONAL FINANCIAL STATEMENT

DATE OF FINANCIAL CONDITION: _____ If Joint Statement

Name (Individual 1) _____ Name (Individual 2) _____

Address _____ Address _____

Phone _____ SSN _____ Phone _____ SSN _____

Email _____ Date of Birth _____ Email _____ Date of Birth _____

Relationship to Individual 1 _____

PERSONAL INFORMATION

Employer _____ Employer (Ind 2) _____

Title / Position: _____ Title / Position _____

Do you have a will? Yes No If, yes, who will serve as Executor/trix? _____

Have you personally, or any business in which you were an officer, principal or partner ever filed a petition in bankruptcy or has one been filed individually against you?
If yes to bankruptcy, describe _____

Have you ever been convicted of a felony? Yes No If yes, describe _____

Are you a defendant in any suits or legal actions? Yes No If yes, describe _____

Do you have any Tax Claims or Disputes Yes No If yes, describe _____

Are you an Executive Officer, Director, or Principal Shareholder of a bank? Yes No If yes, bank name _____

Are you a US Citizen? Yes No If No, Status: _____

SOURCES OF ANNUAL INCOME			ANNUAL EXPENDITURES		
	INDIVIDUAL 1	INDIVIDUAL 2		INDIVIDUAL 1	INDIVIDUAL 2
Wages and Salaries			Mortgage/Rent-Residence(s)		
Bonuses, Commissions, etc.			All other Debt Service		
Interest & Dividends			State & Federal Income Taxes		
Rental Income (Net of Expense)			Alimony/Child Support*		
Partnership Draws, Distributions			Tuition		
Other Trust Accts			Insurance		
			Living Expenses		
			Other		
TOTAL CASH INCOME			TOTAL ANNUAL EXPENSES		

*Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for obtaining credit.

PLEASE COMPLETE THE BELOW SCHEDULES AND THEY WILL POPULATE THE PERSONAL FINANCIAL STATEMENT. You must check the appropriate box for Individual 1, Individual 2 or Joint for the last page to total.

SCHEDULE 1 – CASH IN BANKS (includes CD's, Money Markets)

NAME OF BANK	Owned By:			TYPE OF ACCOUNT (checking, savings, CD, etc.)	BALANCE	PLEGDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ind 1	Ind 2	Joint			
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL						

SCHEDULE 2 – PUBLICLY TRADED INVESTMENTS
(include stocks, bonds, ETFs, mutual funds – Do NOT include retirement funds)

INVESTMENT NAME OR INSTITUTION HELD	Owned By:			DESCRIPTION	BALANCE	PLEGDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ind 1	Ind 2	Joint			
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL						

SCHEDULE 3 - LIFE INSURANCE

INSURANCE COMPANY	Owned By:			BENEFICIARIES	FACE AMOUNT	CASH VALUE	POLICY LOANS
	Ind 1	Ind 2	Joint				
TOTAL							

SCHEDULE 4 - NON-MARKETABLE SECURITIES

COMPANY / INVESTMENT NAME	Owned By:			DESCRIPTION	BALANCE	PLEGDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ind 1	Ind 2	Joint			
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL						

SCHEDULE 5 – RETIREMENT ACCOUNTS

ACCOUNT TYPE	Owned By:			DESCRIPTION / FIRM WHERE INVESTMENTS HELD	BALANCE
	Ind 1	Ind 2	Joint		
TOTAL					

SCHEDULE 6 - NOTES AND ACCOUNTS RECEIVABLE

NAME OF DEBTOR	Owned By:			DESCRIPTION	BALANCE	PLEGDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ind 1	Ind 2	Joint			
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL						

SCHEDULE 7 – RESIDENCE(S)

DESCRIPTION & LOCATION	Owned By:			% OWNED	DATE ACQUIRED	COST	MARKET VALUE	MORTGAGE BALANCE
	Ind 1	Ind 2	Joint					



PERSONAL FINANCIAL STATEMENT SUMMARY

ASSETS	SOLELY OWNED		JOINTLY OWNED	TOTAL
	INDIVIDUAL 1	INDIVIDUAL 2		
Cash (includes CD's, Money Markets) (Schedule 1)				
Publicly Traded Investments (Schedule 2)				
Cash Value of Life Insurance (Schedule 3)				
Non-marketable Securities (Schedule 4)				
Retirement Funds (Schedule 5)				
Notes and Accounts Receivable (Schedule 6)				
Personal Residence(s) (Schedule 7)				
Investment Real Estate (Schedule 8)				
Other Assets (Schedule 9)				
TOTAL ASSETS				

LIABILITIES & NET WORTH	SOLELY LIABLE		JOINTLY LIABLE	TOTAL
	INDIVIDUAL 1	INDIVIDUAL 2		
Credit Cards and Unsecured Notes Payable (Schedule 10)				
Notes Payable to Banks – Secured (Schedule 11)				
Residence(s) Mortgage Payable (Schedule 7)				
Other Real Estate Mortgages Payable (Schedule 8)				
Other Liabilities (Schedule 12)				
TOTAL LIABILITIES				

NET WORTH				
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CERTIFICATION: This information and the information provided on all accompanying financing statements and schedules is provided for the purpose of obtaining or maintaining credit for the Applicant(s) for the purpose of Applicant(s) guarantee of credit for others. Applicant(s) acknowledge that representation made in this Statement will be relied on by Tandem Bank (the "Creditor") in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date provided. The Creditor is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). The undersigned declares that he/she has read and understands the statements above.

SIGNATURE

DATE

SIGNATURE (Other party if joint credit request)

DATE

